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HEADQUARTERS

UNITED STATES ARMY FORCES IN THE FAR EAST  
OFFICE OF THE THEATER SURGEON

1941/45

QA45

APO 501

11 January 1945

CIRCULAR LETTER NO. 2

## DENTAL REPORTS AND RECORDS

CENTRAL MEDICAL RECORDS OFFICE - for reports, records, and statistics of the Medical Department in the Southwest Pacific Area, is located in the Office of the Chief Surgeon, Headquarters USASOS, APO 707, per letter this headquarters, Subject: Medical Department Reports, File PEM 321, dated 2 August 1944. The following instructions are prepared in accordance with above letter and pursuant to the provisions of AR 40-1010, 16 October 1943.

## SECTION I

## MONTHLY REPORT OF DENTAL SERVICE (WD, MD, FORM NO. 57)

1. a. A monthly report of Dental Service, Form No. 57, MD, (revised, 14 May 1942) will be rendered before the fifth (5th) day of the next succeeding month by every military station or separate command where a Dental Officer has been on duty during the month. This includes both staged and active units regardless of whether any dental work was accomplished or not. Sufficient copies will be forwarded through appropriate medical channels so that the original only, reaches the Central Medical Records Office, Office of the Chief Surgeon, Headquarters USASOS, APO 707.

b. The Dental Surgeons of all units other than USASOS units, who are staged or stationed within a USASOS Base, will forward an information copy of the above report to the Base Surgeon's Office, of the Base concerned.

c. Attention is invited to AR 40-1010, Par. 2, a., (13), which directs that: Intermediate offices will promptly subject reports to critical examination and any omissions or errors noted will be recorded in an indorsement and the reports promptly forwarded to higher authority. Under no circumstances will reports be returned for correction.

## 2. METHOD OF COMPLETING FORM 57.

a. Section 1. In this section will be entered the unit number and name, APO number and strength of the unit to which the reporting officer is assigned or attached. The strength should include all personnel for whom the Dental Surgeon is responsible. The report will be classified as "Secret", in accordance with the provisions of AR 380-5.

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b. Section 2. Enter the calendar month, or inclusive days if less than one month, and the year. Not more than one calendar month will be included in any one report. Reports for less than one month are required when the dental service of a unit is interrupted during the month, by change of officer personnel or removal of the unit to a new Base or echelon of command,

c. Section 3. Admissions and Sitzings.

- (1) U.S. Army, Navy and Marine Corps personnel are considered "Military". All other persons entitled to dental attendance by AR 40-505, September 1, 1942, and changes 8, 6 September 1944, and by USASOS Regulations 50-40, dated 17 January 1944 are considered "Others".
- (2) (a) Record the totals of "Military" and "Others" personnel admitted to the dental clinic for routine dental treatment as "Admissions, routine", and the totals of those admitted to the dental clinic for the relief of pain or other intolerable conditions as "Admissions, emergency".  
  
(b) An individual is ordinarily "Admitted" but once during the course of a series of sittings. However, if the individual's dental treatment is completed, discontinued, or postponed indefinitely, he may be re-admitted at some future time, at the discretion of the Dental Officer, who will be governed by the elapsed time, or other circumstances.
- (3) Each visit of a patient to the dental clinic for examination or treatment should be recorded as a sitting.

d. Section 4. In this section will be entered the dental classification of the military personnel of the command, as of the last day of the period covered by the report. These figures should represent the last dental survey as modified by current changes. (AR 40-510, 31 July 1942, and C-1, 10 September 1942).

e. Section 5. Duty Personnel.

- (1) Officer personnel.
  - (a) Enter the name, rank, component, (R. A., N.G., Res., AUS), and duties of only those officers, including nurses, who are assigned or attached for duty to the Dental Service as of the date of the report. Those officers who have been relieved from duty during the period covered by the report should have their change of status noted under "General Remarks". Attached personnel should be listed separately and their proper station indicated in the column headed "Duty".



- (b) Duties both primary and secondary, should conform to those listed in AR 330-40. In large clinic the former should include; Dental Clinician, Chief; Operative Section, Chief or Assistant; Oral Surgery Section, Chief or Assistant; Prosthetic Section, Chief or Assistant. In small clinics, such as station hospitals, they should include: Dental Clinician, Chief; Dental Clinician Assistant. In tactical organizations the senior dental officer's primary duty should be listed as Dental Surgeon, (Division, Regiment, Etc.,) and the duty of any other officer as Dental Surgeon (Assistant). Secondary duties include Mess Officer, Supply Officer, Censor, Etc.
- (2) Enlisted personnel are to be reported by total number only, in each grade, to include both assigned and attached.
- (3) Civilian employees are to be reported by occupation and number only.
- (4) The "Summary" should include only those assigned and attached officers who were listed as indicated in Par. 2, e., (1), (a) above.
- (5) The total days of duty should include full duty time for all Dental Officers who have been assigned or attached to the organization during the period of the report, except that absences of individuals due to sickness, leave, detached service or change of station, should be deducted. Dental Officers who are on detached service with another organization should when making the dental report for their own organization, enter only the days of duty which were spent with their own organization.

f. Sections 6 and 7.

- (1) These sections represent the total work accomplished during the period and the diagnosis therefor. No diagnosis should be entered unless an appropriate operation or disposition is indicated in Section 7. On the other hand, all operations performed require an appropriate diagnosis except. - Anesthesia, local; Examination; Post-operative treatment; Prophylaxis; X-ray exposure, Anesthesia, general.
- (2) It is desired that standard diagnostic terms be adhered to as closely as possible. Caries, for example, while deemed a proper diagnosis for a filling, is not a proper diagnosis for extraction. It is further desired that diagnoses be listed alphabetically, and be preceded by the designated number as noted in the following list, which is quoted from AR 40-1010, dated 16 October 1943:



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- |   |                                  |
|---|----------------------------------|
| 1. Abscess, parietal                    | 27. Leukoplakia                  |
| 2. Abscess, periapical                  | 28. Malocclusion                 |
| 3. Abrasion                             | 29. Mandible, edentulous         |
| 4. Adenitis                             | 30. Maxillae, edentulous         |
| 5. Alveolar ridge, irregular (location) | 31. Neuralgia, facial            |
| 6. Ankylosis, bony                      | 32. Osteitis                     |
| 7. Ankylosis, fibrous                   | 33. Osteomyelitis                |
| 8. Arthralgia                           | 34. Pericoronitis                |
| 9. Bridge, defective                    | 35. Periodontoclasia             |
| 10. Calculus                            | 36. Pulp, devitalization of      |
| 11. Caries                              | 37. Pulpitis                     |
| 12. Cellulitis                          | 38. Sequestrum                   |
| 13. Cleft-palate                        | 39. Stomatitis (type)            |
| 14. Crown, defective                    | 40. Tooth, deciduous             |
| 15. Cyst, (type)                        | 41. Tooth, erupting              |
| 16. Denture, defective                  | 42. Tooth, impacted              |
| 17. Dislocation                         | 43. Tooth, malposed              |
| 18. Erosion                             | 44. Tooth, missing               |
| 19. Filling, defective                  | 45. Tooth, pulpless              |
| 20. Fistula, (type)                     | 46. Tooth, supernumerary         |
| 21. Fracture, (location & type)         | 47. Torus                        |
| 22. Fracture of tooth                   | 48. Trismus                      |
| 23. Gingivitis                          | 49. Tumor, benign (type)         |
| 24. Hematoma                            | 50. Tumor, malignant (type)      |
| 25. Hemorrhage                          | 51. Ulcer, (type)                |
| 26. Hypercementosis                     | 52. Wound, (character, location) |

(3) In view of the discontinuance of MD Form 18b, particular care must be exercised in reporting prosthetic cases on Form MD 57, as follows:

- (a) All inlays and prosthetic appliances actually inserted by the clinic making the report, during the period reported on, should be entered in Section 7, accompanied by the appropriate diagnosis in Section 6. These cases inserted include both those made in the laboratory of the reporting clinic, and those made for or sent to such clinic by other stations or laboratories.
- (b) Stations (except a Base Dental Laboratory) fabricating cases for another station, or simply mailing cases to another station for insertion, will mention such facts under "General Remarks" (Section 8), but will take no credit in Section 7 for such appliances.



g. Section 8. "General Remarks". In addition to any remarks referred to previously in this Circular, there should be entered in this section any conditions which adversely affect the dental service, together with remarks concerning leave, detached service, sickness, assignments, attachments of personnel, movement of unit, and any other data not otherwise reported.

3. Letter Report of Central (Base) Dental Laboratories.

a. This report will be forwarded on or before the fifth (5th) of each month from Base Dental Laboratories. Sufficient copies will be forwarded through appropriate medical channels so that the original and one carbon copy will be received in the Central Medical Records Office, Office of the Chief Surgeon, Headquarters USASOS, APO 707, and will contain the following data:

- (1) Total number of dental laboratory technicians by grade.
- (2) Total number of commissioned officers, by branch and grade.
- (3) Total number of civilians.
- (4) Total number of full dentures.
- (5) Total number of partial dentures.
- (6) Total number of dentures repaired (including rebase).
- (7) Total number of bridges.
- (8) Total number of bridges repaired.
- (9) Total number of crowns.
- (10) Total number of crowns repaired.
- (11) Total number of inlays.
- (12) Total number of cases on hand.
- (13) Total number of cases in process of construction.

b. A separate prosthetic report, in chart form, will be forwarded in the same manner as above, showing the stations for which the Central Dental Laboratory fabricated cases, together with the number of each type of appliance fabricated for each station and the number of missing teeth replaced by partial dentures and fixed bridges. It will also show the total number of each kind of appliance and missing teeth replaced.

SECTION II

ISSUE, ACCOUNTABILITY AND RECORDING OF DENTAL GOLD MATERIALS

1. All dental gold items from 5331000 to 5346000, inclusive, have been made expendable by Circular Letter No. 160 (Supply No. 47) Office of the Surgeon General, 7 September, 1943. The issue, use, and recording of these items is governed by C-1, AR 40-1705, 5 October, 1943; C-3, AR 35-6560, 5 October 1943, C-4, AR 35-6620, 5 October 1943 and paragraph 17b, (2) AR 40-590, and will be carried out as outlined below.

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2. a. The gold items referred to above will be issued to dental officers by post, camp or station medical supply officers on an expendable property issue slip (MD Form 16a), or other approved form.

b. The above mentioned medical supply officers may drop the issued gold items from accountability by certifying on the issue slip or other document that the supplies, so issued, were expended in the public service. In this case, the certified slip or other document becomes a valid credit voucher to their stock record account. If issues of expendable property are frequent, the gold issues may be extracted with other expendable items to a monthly shipping ticket or similar document, and certified as indicated above.

3. a. The Dental Officer receiving gold items will be responsible for their careful use and safeguarding. All pertinent precautionary measures consistent with the operation of the clinic or laboratory will be observed.

b. WD, MD, Form 124 (Prosthetic Case Record), revised 17 February, 1941, will be used as a case-by-case record of gold expenditures. This form will accompany all inlays and prosthetic appliances to the appropriate laboratory, and a copy, signed by the laboratory officer, will be kept in a permanent file, subject to inspection by authorized persons in a manner similar to that indicated by Par. 17b, (2) AR 40-590.

c. A statement of materials and certificate, similar to that found on the reverse side of MD Form 18b, and showing receipt, expenditures, and amounts of gold on hand, will be accomplished monthly, by all installations, where dental golds are on hand. One (1) copy will be retained as a permanent record, subject to inspection. Sufficient copies of this report will be forwarded with Form MD 57, so that the original only is received in the Central Medical Record Office.

### SECTION III

Disposition of Records: Normally all dental records will be kept in the unit as part of the permanent records of that unit or hospital. Where a unit has been disbanded or re-organized and the dead records, including Form 79, Form 124, and certificate of statement of materials, are to be stored, provisions of WD Circular No. 272, 3 July 1944, Section VII, Par 2, c, should be adhered to.

s/ Guy B. Denit

t/ GUY B. DENIT

Brigadier General, United States Army  
Theater Surgeon

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